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CONFIRMATION NO. 7214

SERIAL NUMBER 10/564,048	FILING OR 371(c) DATE 01/09/2006 RULE	CLASS 324	GROUP ART UNIT 2859	ATTORNEY DOCKET NO. PHUS030233US
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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This application is a 371 of PCT/IB04/02223 07/07/2004 which claims benefit of 60/486,633 07/11/2003

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 04/20/2006

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no			
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance			
Verified and Acknowledged	Examiner's Signature  Initials 			
	STATE OR COUNTRY OH	SHEETS DRAWING 3	TOTAL CLAIMS 24 25	INDEPENDENT CLAIMS 25

## ADDRESS

38107

## TITLE

Shimming of mri scanner involving fat suppression and/or black blood preparation

FILING FEE RECEIVED 1500	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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